



Family Support Grant Information and Application

The Special Kids, Special Care **Family Support Grants** offer financial support for services and supports needed by families of infants who have been in the NICU that are not covered by other means. Also, we now offer a pilot **NICU Discharge Home Support Phone Follow-up Program** this year.

The NICU Home Support Phone Follow-up Program provides phone follow-up for families after NICU discharge. We can offer phone calls and text messages to see how the parents and the baby is doing, check to see if the family has been able to connect with their referrals and see if additional services, resources, or supports are needed. The number of calls will depend on the family's needs and requests.

What services are available?

- **NICU Home Support Phone Follow-up Program**
- **Infant cribs and safe sleep education materials**
- **In-home Lactation Consultation**
- **Respite care**
- **Infant supplies, equipment, developmental toys, item to be ordered online**

How to request a Family Support Grant?

Complete the Grant Application and send it by encrypted Email to specialcare@sk-sc.org. We will contact all families to confirm their address and the grant request. Please let them know to expect a call from us. Since one of our grants is to encourage early reading, we will also ask about their interest in receiving a book for their baby. We suggest that the families add the Special Kids, Special Care phone number (720-480-5367) so that they know we are calling them.

Who may refer?

NICU staff, public health nurses, early interventionists, primary care providers' staff, or other health or first education providers who are familiar with the families. Information on the **Family Support Grant** is confidential, thus please send by fax or encrypted Email. **Send the completed application to Special Kids, Special Care at specialcare@sk-sc.org.**

When will you hear back?

We will send you a confirmation email about the request within 1-3 business days. If you do not receive a confirmation email, please **contact us**. You will hear back about whether the Family Support Grant application was approved within 5-7 business days.

If you have any questions, please call 720-480-5367.

We would especially like to thank our generous grantors and individual donors who allow us to continue to provide the Family Support Grants.



Newborn Hope



University Hills Rotary Club



Caring Connections Donors



Family Support Grant Application

All Information is confidential. Incomplete applications will be returned. (PLEASE PRINT)

Please send this *completed application* **by encrypted Email to specialcare@sk-sc.org**. A confirmation receipt will be sent to you within 2-3 days. If you have any questions, please contact Barbara at specialcare@sk-sc.org or 720-480-5367.

AGENCY		DATE	
CONTACT NAME		TITLE/POSITION	
ADDRESS		CITY/ZIP	
EMAIL		PHONE/TEXT:	

FAMILY INFORMATION REQUIRED

CHILD'S NAME		BIRTHDATE		GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female
HOSPITAL		GESTATION		BIRTHWEIGHT	
MOTHERS NAME		FATHERS NAME			
ADDRESS/APT.		APARTMENT #		CITY	
ZIP CODE		COUNTY			
EMAIL		PHONE/TEXT #			
LANGUAGE:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other:		
RACE/ETHNICITY:	<input type="checkbox"/> Asian	<input type="checkbox"/> AA/ Blk	<input type="checkbox"/> Cau./Non-Hisp.	<input type="checkbox"/> Cau./Hisp.	<input type="checkbox"/> Other
INSURANCE:	<input type="checkbox"/> None/self	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid/Private	<input type="checkbox"/> Private	<input type="checkbox"/> Other
REFERRALS:	<input type="checkbox"/> Early Intervention	<input type="checkbox"/> HCP	<input type="checkbox"/> NFP	<input type="checkbox"/> Other	
FAMILY APPROVES OF REQUEST: <input checked="" type="checkbox"/> YES		IDENTIFY OTHER CHILDREN AND AGES BELOW			

REQUESTED SUPPORT SERVICES

	NICU Home Discharge Support Phone Follow-up Program
	Infant Crib and Parent Education Information
	In-home Lactation Consultation
	Respite Care
	Infant supplies, equipment, developmental toys
	Other:

HOW WILL THIS GRANT ASSIST BABY AND FAMILY?

SIGNATURE

Special Kids, Special Care, Follow up Report

Date Received:	Referral Source Notified
Family Contacts and Follow-up	
FEEDBACK: <input type="checkbox"/> Family connected with referrals <input type="checkbox"/> Assisted with referral follow-up	
Unable to Contact Family: <input type="checkbox"/> No phone service/incorrect number <input type="checkbox"/> No responses to a phone call <input type="checkbox"/> No response to a letter	